



334807

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
		01 STATE	02 SITE NUMBER
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER	
Wabash Paper Coating		410 S. Carroll Street	
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY
Wabash	IN	46992	Wabash
07 COUNTY CODE	08 CONG DIST		
169	05		
09 COORDINATES LATITUDE		LONGITUDE	
40° 47' 49" N		085° 49' 27" W	
10 DIRECTIONS TO SITE (Starting from nearest public road)			
SR 13 on to Market Street. Turn west go to Carroll Steet, turn south.			
III. RESPONSIBLE PARTIES			
01 OWNER (If known)		02 STREET (Business, mailing, residential)	
Millen Industries		444 Park Avenue South	
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
New York	NY		()
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)	
Wabash Paper Coatings		410 S. Carroll Street	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
Wabash	IN	46992	(219) 563-1063
13 TYPE OF OWNERSHIP (Check one)		Ed Beam	
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)			
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ <input checked="" type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION		BY (Check all that apply)	
<input type="checkbox"/> YES DATE ____/____/____ <input checked="" type="checkbox"/> NO		<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)	
02 SITE STATUS (Check one)		03 YEARS OF OPERATION	
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		BEGINNING YEAR ENDING YEAR 1910 Present <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED			
Heavy metals (toxic, persistent)			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION			
groundwater (population) surface water (environment)			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT		02 OF (Agency/Organization)	
Harry Atkinson <i>HA</i> 10/26		IDEM/SHWM	
04 PERSON RESPONSIBLE FOR ASSESSMENT		03 TELEPHONE NUMBER	
Mary Anne Hunter <i>MAH</i>		(317) 232-8927	
05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
DEM	SHWM	(317) 232-8928	10/15/87 MONTH DAY YEAR

#00569 TW



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 14,000 04 NARRATIVE DESCRIPTION

It is unknown if wastes were disposed of on-site prior to the present company in the field or parking lot behind the plant.

01 ☒ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☒ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: Unknown 04 NARRATIVE DESCRIPTION

Company working toward compliance with pre-treatment. Prior to pretreatment, all wastes went to the sewer. Continuing high levels of metals is occurring.

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 0 04 NARRATIVE DESCRIPTION

None reported

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 0 04 NARRATIVE DESCRIPTION

None

01 ☒ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: Unknown 04 NARRATIVE DESCRIPTION

No restriction to access.

01 ☒ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: Unknown
(Acres) 04 NARRATIVE DESCRIPTION

Site is 4 acres. Buildings cover 1 acre. It is unknown if wastes are disposed here.

01 ☒ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

A low potential for contamination exists. At least 14,000 people utilize groundwater. Static water levels are 15'-25'. The Wabash River is not discontinuity. The nearest known well is 1/2-1 mile away. Bedrock and sand/gravel are utilized. These are believed to be hydraulically connected.

01 ☒ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: Unknown 04 NARRATIVE DESCRIPTION

No chemical exposure reported. Company uses dyes (source of metals).

01 ☒ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 14,000 04 NARRATIVE DESCRIPTION

See A, B, F, G.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☒ ALLEGED

Stressed vegetation was evident according to the health department.

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

None

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Site is in town. Nearest field for crops is $\frac{1}{4}$ - $\frac{1}{2}$ mile.

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: 14,000

04 NARRATIVE DESCRIPTION

If wastes are present.. there is no known containment except possible clay beneath the site.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

See O.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Company is engaged in a schedule of compliance with the city industrial pretreatment program. Discharges to sewer are high in bod, solids, metals.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

If dumping occurred, it was prior to regulations.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None

III. TOTAL POPULATION POTENTIALLY AFFECTED: 14,000

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

See Part 2 VI